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**\*\* CONTINUING DATA \*\*\*\*\*** *WTC*  
*NONE*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *WTC*  
*NONE*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>WTC</i> Initials			

**ADDRESS**  
20280

**TITLE**  
Ambulatory handheld electronic device

<b>FILING FEE RECEIVED</b> 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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